## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

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appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance of nerwise in Block 1, by (a	rders and notification of n i) specifying a new corres	naintenance fees will be n pondence address; and/or	nailed to the current (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPOND		ock 1 for any change of address)	Feet	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
M/S41-SJ	CTUAL PROPERT	Y DEPARTMENT	I her State addr trans	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
1109 MCKAY I SAN JOSE, CA						(Depositor's name)
ann noom en						(Signature)
•						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	NEY DOCKET NO.	CONFIRMATION NO.
10/519,649 TTILL OF INMENTION	12/30/2004 : WAKE-UP AND SLE	EP CONDITIONS OF PI	Jan Hoogerbrigge ROCESSORS IN A MULT		Л.02 0575 US 1	7853
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	SO	\$1810	08/11/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
GEIB, BENJAMIN P		2181	712-043000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form FTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY	atent. If an assignee is ideassignment. and STATE OR COUNT	, NETHERI	LANDS  Doub entity Government
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number			
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Authorized Signature Typed or printed nam	Mid	A. COYO	LLIVO	Date	48, 134	
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	stiality is governed by 35 d application form to the ions for reducing this bu /irginia 22313-1450. DO 313-1450.	5 U.S.C. 122 and 37 CFR e USPTO. Time will vary inden, should be sent to th O NOT SEND FEES OR	1.14. This collection is est depending upon the indiv	imated to take 12 minutes idual case. Any comments or, U.S. Patent and Tradem D THIS ADDRESSSENI	to complete, includir s on the amount of ti- lark Office, U.S. Dep D'TO: Commissioner	d by the USPTO to process) in gathering, preparing, and me you require to complete surtment of Commerce, P.O. for Patents, P.O. Box 1450.